



Specimen ID:

Acct #:

Phone:

Rte: 00

Control ID:

## Patient Details

DOB:

Age(y/m/d):

Gender: SSN:

Patient ID:

## Specimen Details

Date collected:

Date received:

Date entered:

Date reported:

## Physician Details

Ordering:

Referring:

ID:

NPI:

## General Comments &amp; Additional Information

Alternate Control Number:

Total Volume:

Alternate Patient ID:

Fasting:

## Ordered Items

C6 B. burgdorferi (Lyme); Drawing Fee

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
<b>C6 B. burgdorferi (Lyme)</b>						
C6 Borrelia burgdorferi (Lyme)						
	<0.91		index	0.00	- 0.90	
			Negative		<0.91	
			Equivocal	0.91	- 1.09	
			Positive		>1.09	

Date Issued:

## FINAL REPORT

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